



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		Complete If Known	
		Application Number	10/693,305
		Filing Date	October 24, 2003
		First Named Inventor	William Crismore
		Art Unit	1743
Examiner Name	Lyle Alexander		
Attorney Docket No.	7404-572		
Sheet	1	of	2

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			
		US- 5,320,732	08/14/1994	Nankai et al.	
		US- 5,563,042	10/08/1996	Phillips et al.	
		US-			
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FOREIGN PATENT DOCUMENTS						
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		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)				
		CN 1148016	03/26/1997	Panasonic Corporation		<input type="checkbox"/>
		JP 5164756	6/29/1993	Rohto Pharmaceutical Co.		<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Examiner Signature		Date Considered	6/17/07
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				Application Number	10/693,305
				Filing Date	October 24, 2003
				First Named Inventor	William Crismore
				Art Unit	1743
				Examiner Name	Lyle Alexancer
Sheet	2	of	2	Attorney Docket No.	7404-572

NON PATENT LITERATURE DOCUMENTS

[illegible]

Examiner Signature	Alexander	Date Considered	6/17/07
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TO: U.S. Patent and Trademark Office	FROM: Thomas Q. Henry
FAX NUMBER: 571-273-1254	DATE: APRIL 26, 2007
YOUR REFERENCE NUMBER: Serial No.: 10/693,305 Inventor: Cristmore Filing Date: October 24, 2003	TOTAL NO. OF PAGES INCLUDING COVER: 21 SENDER'S REFERENCE NUMBER: 7404-572
RE: ELECTROCHEMICAL BIOSENSOR TEST STRIP	

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<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Declaration/Power of Attorney	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
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